

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 72

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:
(Month, Day, Year)

11/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee
☒ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1422494

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
FORM410@NMGOVLAW.COM

Treasurer(s)

NAME OF TREASURER
ROBERT KLEIN III

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
PALO ALTO	CA	94306	650-419-7644

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020 By ROBERT KLEIN III
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee



OF BALLOT MEASURE

AUTHORIZES BONDS TO CONTINUE FUNDING STEM CELL AND OTHER MEDICAL

BALLOT NO. OR LETTER

JURISDICTION

14

STATEWIDE - NOVEMBER 2020

☒ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 3 of 72 I.D. NUMBER 1422494
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$485,015.00	\$2,430,430.00
2. Loans Received	Schedule B, Line 7	(\$125,000.00)	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$360,015.00	\$2,430,430.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$2,333,455.84	\$6,154,003.63
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$2,693,470.84	\$8,584,433.63

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$1,311,212.43	\$3,132,321.38
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$1,311,212.43	\$3,132,321.38
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$1,431,274.25)	\$199,925.50
10. Nonmonetary Adjustment	Schedule C, Line 3	\$2,333,455.84	\$6,154,003.63
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$2,213,394.02	\$9,486,250.51

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$249,307.05	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$360,015.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$2,028,833.80	
15. Cash Payments	Column A, Line 8 above	\$1,311,212.43	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,326,943.42	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$199,925.50

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460 Page 4 of 72
I.D. Number 1422494		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/13/2020	JDRF INTERNATIONAL New York, NY 10281	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00	\$1,000,000.00	
7/24/2020	CHELSEA COURT DESIGNS LOS GATOS, CA 95032	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$10,000.00	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY478	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KLEIN FINANCIAL CORPORATION PRESIDENT	\$100,000.00	\$3,917,330.79	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY479	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KLEIN FINANCIAL CORPORATION PRESIDENT	\$25,000.00	\$3,917,330.79	
9/18/2020	JENS-PETER VOLKMER Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FORTY SEVEN, INC. FOUNDER	\$100,000.00	\$100,000.00	

SUBTOTAL \$485,000.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$485,000.00
2. Amount received this period - unitemized contributions of less than \$100	\$15.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$485,015.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY81 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	\$100,000.00		<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$100,000.00	12/31/2020 DATE DUE	% RATE	\$100,000.00 2/18/2020 DATE INCURRED	CALENDAR YEAR \$3,917,330.79 PER ELECTION**
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY114 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	\$25,000.00		<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$25,000.00	12/31/2020 DATE DUE	% RATE	\$25,000.00 3/18/2020 DATE INCURRED	CALENDAR YEAR \$3,917,330.79 PER ELECTION**
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY398 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION		\$250,000.00	<input checked="" type="checkbox"/> PAID \$250,000.00 <input type="checkbox"/> FORGIVEN	12/31/2020 DATE DUE	% RATE	\$250,000.00 8/17/2020 DATE INCURRED	CALENDAR YEAR \$3,917,330.79 PER ELECTION**
SUBTOTALS							\$250,000.00	\$375,000.00

Schedule B Summary

1. Loans received this period. \$250,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$375,000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) Net (\$125,000.00)
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES	

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 7 of 72 I.D. Number 1422494
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2020	DIVCO WEST REAL ESTATE SERVICES, INC. SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFFICE SPACE	\$28,877.00	\$86,631.00	
8/31/2020	DIVCO WEST REAL ESTATE SERVICES, INC. SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		OFFICE SPACE	\$28,877.00	\$86,631.00	
9/1/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON441	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$660.00	\$3,917,330.79	
9/2/2020	DAGMAR DOLBY San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	STOCK	\$2,059,000.00	\$2,059,000.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,333,455.84

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$2,333,455.84
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$2,333,455.84

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$27.50	\$7,431.84	
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$171.00	\$7,431.84	
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$397.46	\$7,431.84	
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS & PRINTING	\$1,256.01	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$159.25	\$7,431.84	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$24.00	\$7,431.84	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$12.25	\$7,431.84	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$6.40	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$92.31	\$7,431.84	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$7.50	\$7,431.84	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$236.66	\$7,431.84	
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON480	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	(\$327,673.90)	\$3,917,330.79	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$12.20	\$7,431.84	
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON482	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	(\$190,910.31)	\$3,917,330.79	
9/4/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$4.20	\$7,431.84	
9/4/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$67.95	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 12 of 72 I.D. Number 1422494
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON485	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	(\$660.00)	\$3,917,330.79	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$5.69	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$3.00	\$7,431.84	
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON488	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	PETITION CIRCULATION	(\$35,340.30)	\$3,917,330.79	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON489	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	(\$450,000.00)	\$3,917,330.79	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$166.29	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$8.00	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$14.43	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$2.42	\$7,431.84	
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$213.73	\$7,431.84	
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$28.50	\$7,431.84	
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$204.44	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$3.00	\$7,431.84	
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$8.00	\$7,431.84	
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$28.50	\$7,431.84	
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$110.40	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$12.00	\$7,431.84	
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$174.78	\$7,431.84	
9/11/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN MACKENZIE CAPITAL MANAGEMENT	STOCK	\$22,250.00	\$208,610.00	
9/11/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN MACKENZIE CAPITAL MANAGEMENT	STOCK	\$186,360.00	\$208,610.00	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$6.00	\$7,431.84	
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$4.50	\$7,431.84	
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$6.40	\$7,431.84	
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$220.91	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$31.49	\$7,431.84	
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$603.19	\$7,431.84	
9/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$5.70	\$7,431.84	
9/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$501.85	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
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SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$1.40	\$7,431.84	
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$326.62	\$7,431.84	
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$9.60	\$7,431.84	
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$218.21	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$26.40	\$7,431.84	
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$0.26	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$311.89	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$313.29	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$65.59	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$8.80	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$19.62	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$7.50	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$3.60	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$38.82	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$5.23	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$1.75	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$198.23	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$4.75	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PRINTING	\$25.12	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$170.98	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$61.75	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$175.00	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$14.43	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$0.85	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$420.13	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$5.00	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		DATA	\$2.09	\$7,431.84	
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$0.47	\$7,431.84	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

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IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GRAPHICS	\$3.80	\$7,431.84	
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		MAIL PRODUCTION & POSTAGE	\$152.75	\$7,431.84	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY473	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$450,000.00	\$3,917,330.79	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY474	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$35,340.30	\$3,917,330.79	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 07/01/2020
through 09/19/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number
1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY475	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$660.00	\$3,917,330.79	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$327,673.90	\$3,917,330.79	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY477	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$190,910.31	\$3,917,330.79	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,333,455.84

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460 Page 29 of 72
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101			SEE SCHEDULE G	\$725.76
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306			SEE SCHEDULE G	\$33,253.29
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306			SEE SCHEDULE G	\$66,746.71

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$1,311,212.43
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$1,311,212.43

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$42,000.00
BASK DIGITAL MEDIA San Diego, CA 92101			SEE SCHEDULE G	\$2,500.00
BASK DIGITAL MEDIA San Diego, CA 92101			SEE SCHEDULE G	\$3,000.00
BASK DIGITAL MEDIA San Diego, CA 92101			DIGITAL OPERATIONS	\$15,000.00
BASK DIGITAL MEDIA San Diego, CA 92101			DIGITAL OPERATIONS	\$314.15

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101			SEE SCHEDULE G	\$5,800.00
ANEDOT INC. New Orleans, LA 70112			ONLINE PROCESSING FEE	\$0.90
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004			INSURANCE	\$2,300.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004			INSURANCE	\$1,043.00
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL			\$4,188.45

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL			\$1,923.08
ANNA M MAYBACH PIEDMONT, CA 94611	SAL			\$3,087.69
INTERNAL REVENUE SERVICE Odgen, UT 84201			FEDERAL PAYROLL TAXES	\$758.93
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$321.97
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$115.20

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 33 of 72
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$50,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$49,670.78
COMCAST Sandy, UT 84070	OFC			\$1,262.51
DON REED - CONSULTANT Fremont, CA 94536	CNS			\$3,600.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201			FEDERAL PAYROLL TAXES	\$944.94
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$341.09
MITRA J. HOOSMAND IRVINE, CA 92612	SAL			\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL			\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL			\$3,087.69

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$126.70
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$63,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$49,670.78
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$14,335.39

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101			DIGITAL OPERATIONS	\$15,314.15
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL			\$30,000.00
BASK DIGITAL MEDIA San Diego, CA 92101			SEE SCHEDULE G	\$5,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$195.53

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$50,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$241.33
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$24,233.92
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$42,000.00
SIGN LIGHTING WORLD, INC. Boulder, CO 90301	OFC			\$730.68

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL			\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL			\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL			\$3,087.69
INTERNAL REVENUE SERVICE Odgen, UT 84201			FEDERAL PAYROLL TAXES	\$898.79
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$71.94

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$126.70
JACQUELINE HANTGAN ENCINO, CA 91436	SAL			\$2,832.50
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$99.14
INTERNAL REVENUE SERVICE Odgen, UT 84201			FEDERAL PAYROLL TAXES	\$233.69
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$11.50

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE HARTFORD Hartford, CT 06155			INSURANCE WORKERS COMPENSATION	\$857.00
VERIZON WIRELESS New York, NY 10036			REIMBURSED EXPENSES	\$64.81
BLUE SHIELD OF CALIFORNIA Lodi, CA 95240			EMPLOYEE HEALTH INSURANCE	\$2,498.85
COMCAST Sandy, UT 84070	OFC			\$532.41
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306			HEALTH INSURANCE REIMBURSEMENT	\$4,212.08

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS			\$3,600.00
AMPLIFIED STRATEGIES, INC. Seattle, WA 98112			SEE SCHEDULE G	\$49,836.00
PLAYGROUND PRESS, INC. West Hollywood, CA 90046			VIDEO PRODUCTION	\$4,125.00
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$140.25
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$222.05

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAX	\$1,409.86
JACQUELINE HANTGAN ENCINO, CA 91436	SAL		\$3,575.00
MITRA J. HOOSMAND IRVINE, CA 92612	SAL		\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL		\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL		\$3,087.69

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID S. SEWELL San Francisco, CA 94110	SAL			\$2,769.23
BASK DIGITAL MEDIA San Diego, CA 92101			DIGITAL OPERATIONS	\$15,000.00
BASK DIGITAL MEDIA San Diego, CA 92101			DIGITAL OPERATIONS	\$1,164.15
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$25,006.25
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO		STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$21,412.13

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 44 of 72
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL			\$30,000.00
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL			\$53,500.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS			\$11,687.50
JACQUELINE HANTGAN ENCINO, CA 91436	CNS			\$5,101.25
JACQUELINE HANTGAN ENCINO, CA 91436	CNS			\$5,497.50

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$60,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$477.27
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$35,766.08
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$177.59
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS			\$60,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			REIMBURSED EXPENSES	\$288.40
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$42,000.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$42,000.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS			\$42,000.00
OLSON REMCHO LLP Sacramento, CA 95814	PRO			\$25,302.88

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OLSON REMCHO LLP Sacramento, CA 95814	PRO			\$16,350.00
OLSON REMCHO LLP Sacramento, CA 95814	PRO			\$28,310.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401			COMMISSION	\$7,500.00
BENT BROOK MEDIA, LLC Des Peres, MO 63122			SEE SCHEDULE G; IN NEXT PERIOD	\$62,500.00
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720			PAYROLL TAX PROCESSING FEE	\$140.25

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JACQUELINE HANTGAN ENCINO, CA 91436	SAL			\$6,338.75
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL			\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL			\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL			\$3,087.69
DAVID S. SEWELL San Francisco, CA 94110	SAL			\$2,769.23

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES		I.D. NUMBER 1422494

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201			FEDERAL PAYROLL TAX	\$1,603.39
FRANCHISE TAX BOARD Sacramento, CA 94257-0501			STATE PAYROLL TAXES	\$117.66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,311,212.43

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2020
through 09/19/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY112	SIGNATURE GATHERING	\$190,910.31	(\$190,910.31)	\$0.00	\$0.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY123	SIGNATURE GATHERING	\$327,673.90	(\$327,673.90)	\$0.00	\$0.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY124	SIGNATURE GATHERING	\$450,000.00	(\$450,000.00)	\$0.00	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** (\$973,965.27)
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$457,308.98
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$1,431,274.25)
May be a negative number.

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$33,253.29	\$0.00	\$33,253.29	\$0.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$505.66	\$0.00	\$0.00	\$505.66
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE;	\$1,905.31	\$0.00	\$0.00	\$1,905.31
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G	\$2,082.49	\$0.00	\$0.00	\$2,082.49

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
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IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC	\$378.00	\$0.00	\$0.00	\$378.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$1,111.15	\$0.00	\$0.00	\$1,111.15
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$2,287.41	\$0.00	\$0.00	\$2,287.41
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$102,220.61	\$0.00	\$66,746.71	\$35,473.90

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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FORM 460**

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

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KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$155.00	\$0.00	\$0.00	\$155.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS	\$42,000.00	\$0.00	\$42,000.00	\$0.00
BASK DIGITAL MEDIA San Diego, CA 92101	SEE SCHEDULE G	\$725.76	\$0.00	\$725.76	\$0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS	\$14,335.39	\$0.00	\$14,335.39	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
BASK DIGITAL MEDIA San Diego, CA 92101	SEE SCHEDULE G	\$3,000.00	\$0.00	\$3,000.00	\$0.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004	INSURANCE	\$1,043.00	\$0.00	\$1,043.00	\$0.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004	INSURANCE	\$2,300.00	\$0.00	\$2,300.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

Page 55 of 72

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$195.53	\$0.00	\$195.53	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$329.22	\$0.00	\$329.22	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |
- *Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$241.33	\$0.00	\$241.33	\$0.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$5,534.69	\$0.00	\$0.00	\$5,534.69
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$747.17	\$0.00	\$0.00	\$747.17

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

**CALIFORNIA
FORM 460**

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$9,623.17	\$0.00	\$0.00	\$9,623.17
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$110,162.31	\$0.00	\$0.00	\$110,162.31
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL	\$60,000.00	\$0.00	\$60,000.00	\$0.00
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$16,350.00	\$0.00	\$16,350.00	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY46	PETITION CIRCULATION	\$35,340.30	(\$35,340.30)	\$0.00	\$0.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS	\$5,101.25	\$0.00	\$5,101.25	\$0.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS	\$11,687.50	\$0.00	\$11,687.50	\$0.00
PLAYGROUND PRESS, INC. West Hollywood, CA 90046	VIDEO PRODUCTION	\$0.00	\$750.00	\$0.00	\$750.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

Page 59 of 72

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$0.00	\$5,901.94	\$0.00	\$5,901.94
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$0.00	\$16,970.87	\$0.00	\$16,970.87
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G	\$0.00	\$5,671.62	\$0.00	\$5,671.62
MITRA J. HOOSHMAND IRVINE, CA 92612	REIMBURSED EXPENSES	\$0.00	\$300.00	\$0.00	\$300.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
MELISSA J. KING SAN FRANCISCO, CA 94107	REIMBURSED EXPENSES	\$0.00	\$300.00	\$0.00	\$300.00
SUBTOTALS		\$1,631,199.75	(\$974,030.08)	\$457,308.98	\$199,860.69

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMERICANS FOR CURES FOUNDATION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS			\$3,600.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3600.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMPLIFIED STRATEGIES, INC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GSK RESEARCH, INC. Las Vegas, NV 89139	PHO			\$18,856.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$18856.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
BASK DIGITAL MEDIA

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BALLOT MEASURE DOMAINS Victorville, CA 92392	WEB			\$2,500.00
ANDREW NAYLOR Menlo Park, CA 94025	WEB			\$5,800.00
FACEBOOK Menlo Park, CA 94025			DIGITAL ADS	\$649.48

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8949.48

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 64 of 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR
KLEIN FINANCIAL CORPORATION

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAZON Seattle, WA 98109	OFC			\$1,043.50
NOR-CAL MOVING SERVICES Hayward, CA 94545	OFC			\$1,763.82
WEB HOSTING LOGIC INC. Vista, CA 92081	OFC			\$900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3707.32

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

** If Required

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2020

through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER
1422494

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/4/2020	DAGMAR DOLBY San Francisco, CA 94115	SALE OF STOCK	\$2,007,213.78
9/16/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	SALE OF STOCK	\$21,620.02

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,028,833.80

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$2,028,833.80
2. Unitemized increases to cash under \$100 this period.	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$2,028,833.80

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309

Memo Reference: PAY478

LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION

Memo Reference: PAY479

LOAN FORGIVENESS; ROBERT N KLEIN II

Memo Reference: NON441

MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON480

REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

Memo Reference: NON482

REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

Memo Reference: NON485

REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

Memo Reference: NON488

REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

Memo Reference: NON489

REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

Memo Reference: PAY473

LOAN FORGIVENESS; ROBERT N KLEIN II

Memo Reference: PAY474

LOAN FORGIVENESS; ROBERT N KLEIN II

Memo Reference: PAY475

LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION

Memo Reference: PAY476

LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION

Memo Reference: PAY477

LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION

Memo Reference: PAY46

NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY112

NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY123
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY124
NON-MONETARY LOAN; SEE SCHEDULE C

Memo Reference: PAY398
MADE BY KLEIN FINANCIAL CORPORATION

Memo Reference: PAY81
MADE BY KLEIN FINANCIAL CORPORATION

Memo Reference: PAY114
MADE BY ROBERT N KLEIN II